

it to 'im? I'm sure he's askin' question like you know
you just gonna...

A: I told I tol...

Q: gim'me --- a brand new car.

A: I told it was stolen.

Q: Okay. Did you tell 'im any about it anything about
shootin' this guy?

A: No.

Q: Huh?

A: No. §

Q: Okay.

Breath
A: I gave it to 'im cause I just wa... want to just end
it all of that. I was... Cause it was bothering me. I
was scared an' I just kept thinkin' about it. I just
wanted to get ri... get rid of it.

Q: The car? §

A: Yeah.

Q: Okay. Um goin' back up there in Hamilton when this
originally started. You know where you an' uh what's his
name? The one you started out with Jason? Jason
Holmes. When you an' Jason went up there, you're sayin'
you saw him comin' out of this building?

A: (Can not hear an answer.) §

Q: How come you just didn't take his car an' just leave
him there?

A: § Ss... cause I know he could call the police right then.
An' I wanted to leave 'im so where where he didn't know

where he was at an' where he couldn't call the police.

Gim'me more time to get to get to Hamilton County.

Q: --- --- How did you pick that area down --- Cumminsville?

A: I was just drivin' around. Just drivin'.

Q: You got --- down there anything or you just pick that area out?

A: I was just drivin' an' then we was in that area an' Larry seen a street he told me to turn down. That's how I got that's how I turn that's why I turned where I did.

Q: Okay. How did you get him ta... When you approached him, was you by yourself or was Jason with ya?

A: Jason was with me.

Q: Jason got out of the car with ya? Huh?

A: Yeah.

Q: An' who all had guns? Did you have the gun or Jason originally?

A: Um when we got out the car?

Q: Yeah.

A: I didn't have it when we got out.

Q: Huh?

A: I didn't have it when we got out. I Jason took it in the house.

Q: No I mean when you when you saw this this guy who got shot, the old man...

A: Um hum.

Q: when you saw him up comin' out of the building at Ham... up at Hamilton...

CC 0302

A: Um hum.

Q: an' you were sittin' there watchin' his car waitin' for 'im to come out..

A: Uh huh.

Q: when he came out to get in his car, who went up an' approached 'im?

A: I did.

Q: You did. By yourself?

A: Yeah.

Q: An' then where did Jason stay?

A: In the car.

Q: He stayed in the car. An' what did you say to this guy when you approached 'im? What what was said?

A: S I told 'im... I told 'im to just get in the car.

Q: An' that's all you said?

A: An 'I didn't... Yeah. An' I didn't wanna hurt 'im.

Q: Alright. Did ya have the gun out?

A: S Yes.

Q: Huh?

A: Yes.

Q: Okay an' did he get in the car or did he try ta get away or anything?

A: S He got in.

Q: He got in the car? An' then what did he get in the passenger side or the driver side?

A: The pa... He got in the driver side an' scooted over.

Q: An' scooted over. So you you got in the driver side,

CC 0303

you drove the car?

A: (Can not hear an answer.)

Q: An' where did you drive the car to?

A: I drove it behind the buildin'.

Q: Okay. An' why'd you do that?

A: So he can get in the trunk so he couldn't see where he was goin'. S

Q: Okay. Then how did how did how did that transpire?

How'd you get 'im in the trunk?

A: I just told 'im to get in the trunk.

Q: So you got out...

A: Cause it... I got out an' open the trunk.

Q: --- in there.

A: An' La... An' he got out an' got in.

Q: Was he was he askin' ya to let 'im go or anything or what was he sayin'? He did all this voluntarily or what?

A: Yes.

Q: Huh?

A: Yes.

Q: He didn't ask ya to let 'im go or anything like that?

A: No. Cause I told 'im I was... I told 'im I was gonna let 'im go.

Q: So you kept tellin' 'im you were gonna let 'im go?

A: Yeah. That's... Cause I was. That was my intention. That was my intention.

Q: Okay. An' then an' then Jason drove your car...

A: Um...

Q: back to uh Clovernook an' you drove that car there?

A: (Can not hear an answer.)

Q: Umkay. Now goin' back to the scene where he was shot at. Yous drove down to Cumminsville an' you're sayin' Larry pointed out a a street to turn down to?

A: Yeah.

Q: { An' you turned down to the street right?

A: (Can not hear an answer.)

Q: An' you say you saw a building or some kind of place that you wanted ta to get 'im out at?

A: Yeah.

Q: Okay an' you backed the car up where the the rear of the car is facin' the building?

A: Yeah. So I could leave out without 'im sayin' where we which way we were headed. So I could leave out real quick.

Q: So you could leave out real quick. An' what... You asked 'im for his wallet?

A: Yeah.

Q: An' he gave ya his wallet? An' where was he at? Can you explain to me where he was at when he gave you the wallet? Was he by the dumpster, on side...

A: He was...

Q: of the dumpster...

A: He was by the dumpster on the side of it.

Q: Now there's a building an' then there's a dumpster. An' there's a little little area where you can go back along

CC 0305

side the dumpster. Was he along in this area here?

A: Yes.

Q: About how far back was he?

A: To the back by the wall.

Q: He...

A: I old 'im to get behind.

Q: He was back by the wall?

A: Yeah.

Q: An' where were you at?

A: Um in front of 'im waitin' for 'im to gim'me his wallet.

Q: An' that's... An' then he handed ya the wallet?

A: He took the wallet out an' was handin' it to me but he dropped it. ^{breath} I was reachin' down to pick up the wallet an' I had it I had the gun pointed at 'im when I was doin'... when I was reachin' down to get it. An' then he ma... he step forward an' me I I panicked an' bein' in the condition that I was in, accidentally pulled the trigger. But it was an accident. I didn't mean... I had a large amount ^{breath} a large amount of drinks an' some we.. an' some marijuana. An' it truly truly was an accident.

Q: Okay. An' once you fired the gun did you see if he was shot?

A: No. When when I heard the shot I just kinda blanked out an' went in went in like shock or somethin'. An' then an' I ran to the car, I didn't see nothin'. I didn't even I ain't even know he was shot. -- but Larry I got in the car an' Larry was just Larry was sayin' like you

got 'im. You shot 'im. His brains was all over the wall. An' I was just sh... in shocked an' scared. Cause I didn't mean to do that. I... Uh I ain't never uh I just panicked, I was really drunk. I just didn't I didn't mean it. I'm...

Q: Okay.

Q: Um you said there was... Goin' back to the credit cards, there was a Shell gas station uh Shell Shell gas card?

A: (Can not hear an answer.)

Q: Did you ever use that?

A: Um...

Q: Did you ever buy gas with it?

A: If I used it twiced.

Q: You used his gas card twice?

A: Yeah.

Q: What to put gas in his car?

A: (Can not hear an answer.)

Q: Okay. You remember where what station you used it at?

A: Un un.

Q: Okay. Anything Mike? Anything else?

QQ: I can't think of anything else.

Q: Okay. 'kay. This is all I have here. This in.. this'll uh conclude the interview with uh Lee Moore.

Transcribed By Terri Cipriani
Criminal Investigations Section
Cincinnati Police Division
January 31, 1994

CC 0307

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
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SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

September 13, 1994

Orthopedic Diagnostic and Treatment Center
Attn: Dr. Stearn or Dr. Henderson
3333 Vine Street
Suite 700
Cincinnati, Ohio 45220

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UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell/JP

Jenny O'Donnell, B.S.
Psychology Trainee

CC 0308

CENTRAL PSYCHIATRIC CLINIC Broken Thumb
 COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
 513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

Dr. Stearn or
 AGENCY/PERSON Dr. Henderson @ Jewish Hospital Center or
orthopedic Dx & Tx Center
 ADDRESS 221-4848 3333 VINE ST SUITE 700 45220

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR

Please send the following information immediately.
 The following information may be released or reviewed:

<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Reports of Tests or X-rays
<input type="checkbox"/> Face Sheet with Final Diagnosis	<input type="checkbox"/> Emergency Treatment(s)
<input checked="" type="checkbox"/> Complications & Operative Procedures	<input checked="" type="checkbox"/> Outpatient Clinic Notes
<input checked="" type="checkbox"/> History and Physical	Specify Clinic: _____
<input checked="" type="checkbox"/> Consultative Report(s)	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
	<input checked="" type="checkbox"/> Emergency Department

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Edward Moore

Date of Birth 10-19-74

Social Security No. 284-74-1946

9-6-94
 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell
 Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and
 , Cincinnati, OH 45202.

This authorization was facilitated by

Date 9-6-94

c: To be retained in Client Record

[Signature]
 (Signature of Client)

[Signature]
 (Staff member's signature)

CC 0309

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

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Cincinnati, Ohio 45202
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Fax: (513) 352-1345

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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 13, 1994

Children's Hospital
Attn: Records
Elland and Bethesda avenue
Cincinnati, Ohio 45229-2899

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell

Jenny O'Donnell, B.S.
Psychology Trainee

CC 0310

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON

Children's HospitalAttn: Records

ADDRESS

Elland & Bethesda Ave.; 45229-2899

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

Please send the following information immediately.
The following information may be released or reviewed:

- | | |
|--|--|
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| <input checked="" type="checkbox"/> Face Sheet with Final Diagnosis | <input checked="" type="checkbox"/> Emergency Treatment(s) |
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| <input checked="" type="checkbox"/> History and Physical | Specify Clinic: _____ |
| <input checked="" type="checkbox"/> Consultative Report(s) | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Outpatient |
| | <input checked="" type="checkbox"/> Emergency Department |

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I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Edward Moore

X Lee E. Moore Jr.
(Signature of Client)

Date of Birth 10-19-74Social Security No. 284-74-1946

9-6-94
(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by

Jenny O'Donnell
(Staff member's signature)

Date 9--6-94

c: To be retained in Client Record

CC 0311

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

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UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 1, 1994

Bethesda Hospital
Attn: Dr. Schwartz
619 Oak Street
Cincinnati, Ohio 45206

RE: Lee Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell

Jenny O'Donnell, B.S.
Psychology Trainee

CC 0312



The Prudential Insurance Company of America
P.O. Box 2850, Cincinnati, OH 45201-2850
513-621-2854

From:

Terry R. Schwartz Psy.D.

Date:

02/24/92

Patient's Name:

Lee Moore

ID#:

272-32-1198

MENTAL HEALTH EVALUATION REPORT

Following the initial 2 evaluation visits, please submit the following information:

1. Multiaxial Diagnosis: 312.80 Conduct Disorder, low grades, caught with brass knuckles, lies, stays out late, sexually active, stubborn, skipping school

2. Target symptoms/signs/problems: antisocial behaviors, won't follow any rules at home or at school
* No background or history available or given.

3. Specific goals for each target problem: Try to get limits and create some responsiveness to rules

4. Method of treating each problem: Behavioral, Cognitive
behavioral, unsuccessful.

5. Time frame for achieving each goal: 3 months; Termination due to failure to reach him. Lee would not open up and discuss anything
"Pulling Teeth"

6. Who is Provider treating each problem: [Signature]

7. Frequency of visits with each Provider:

03/15, 03/25/92

Total sessions

02/24, 03/02, 03/11

8. Criteria for discharge from treatment:

Client (Lee) was unresponsive, he would not say much as asked a word, answered questions with "Yeah" or no, would not elaborate. Terminated due to failure to reach him in any constructive ways.

Mail To: PruCare of Cincinnati
P.O. Box 2850
Cincinnati, Ohio 45201

- OVER -

CC 0313

08/08/2005 Page 14 of 15
T
T
O'Donnell
Re: Lee Moore

[illegible]

CC 0314

JUV 102 REV. 1/89

**JUVENILE COURT OF BUTLER COUNTY, OHIO
IN THE COURT OF COMMON PLEAS**

IN THE MATTER OF:

Lee Moore Jr.

An alleged Delinquent Child
☐ Further Proceedings

REPORT OF REFEREE AND JUDGMENT

☒ File original with clerk☐ Unofficial caseCase No. 92-040974

On 5-1-92, this cause came on for hearing concerning the alleged Delinquency
 of Lee Moore Jr., a child under the age of 18 years.

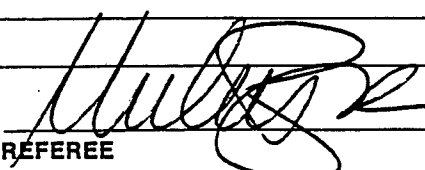
☒ Said child was advised of the right to counsel as well as other rights.☒ The following parties were present in Court parents☐ Counsel requested, case continued until _____ at _____.☒ The right to counsel was waived.☐ Counsel representing the parties: _____☒ A plea of TRUE, TRUE was entered.

☒ After taking testimony, this Court finds the child to be Delinquent as
 defined in Sec. 2151.02 O.R.C. and in violation of Sec. 2913.02, 2913.03, 2913.04
 O.R.C., titled Theft of License Plate (MVA), 1st MV Theft (4cts) (F4)

After considering further evidence, it is the recommended adjudication of the referee that:

☐ This matter be continued and referred for judicial consideration.☐ Said child is to be placed on a term of official probation.☐ Said child is to be remanded to the Juvenile Detention Center pending: _____☐ The _____ has _____ made reasonable efforts to prevent said child's removal from the home.☐ It is in the continuing best interests of said child to be removed from the home.☐ Said child is to pay restitution in the amount of \$ _____.☐ Said child is ordered to pay a fine of \$ _____ and Court costs of \$ _____.☐ Said child to be placed in the temporary custody of: _____☐ Said child is to attend the _____ school district. Tuition responsibility lies with the _____ school district, the district of the parent's residence.☐ The Butler County Children's Services is ordered to investigate the circumstances of said child and shall report to the Court on or before _____.☐ This case be continued until _____ at _____.

☒ - Release on House arrest
Ref to Hm Co for disposition
No Contact @ Butler Co.


 REFeree

ENTRY

The Court being fully advised in the premises of the report of the referee and no objection thereto having been filed, it is ordered that this report shall be the decision and judgment of the Court until further order of the Court.

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 2, 1994

Juvenile Detention Center
of Butler County
Attn: Records
280 North Fair Avenue
Hamilton, Ohio 45011

RE: Lee Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell
Jenny O'Donnell, B.S.
Psychology Trainee

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Office Manager

September 1, 1994

Juvenile Detention Center
Attn: Records
2020 Auburn Avenue
Cincinnati, Ohio 45219

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UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

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RE: Lee Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell / SP

Jenny O'Donnell, B.S.
Psychology Trainee

He was never seen in Psychology Clinic according to our records -
Loan

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON

20/20- Juvenile Detention Ctr.Attn: Records

ADDRESS

2020 Auburn Ave., 45219

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR

The following information may be released or reviewed:

- | | |
|--|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of Tests or X-rays |
| <input checked="" type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input checked="" type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic <u>all Records</u> |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>all Records</u> |
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Outpatient | |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee MooreD. Lee E. Moore Jr.
(Signature of Client)Date of Birth 10-19-74Social Security No. 284-74-19469-1-94
(Date)PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by

Jenny O'Donnell
(Staff member's signature)Date 9-1-94

c: To be retained in Client Record

CC 0318

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
Cincinnati, Ohio 45202
Phone: (513) 651-9300
Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

GAIL HELLMANN, M.D.
Medical Director

MARILYN GEEDING, L.I.S.W.
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

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MR. THOMAS B. SCHERPENBERG

MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 2, 1994

Central Baptist School
Attn: School Records
7645 Winton Road
Cincinnati, Ohio 45214

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

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Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell
Jenny O'Donnell, B.S.
Psychology Trainee

CC 0319

CENTRAL BAPTIST SCHOOL

7645 Winton Road
Cincinnati, Ohio 45224

PUPILS' CUMULATIVE RECORD

Sex
(M) (F)
(Check)

NAME Moore Lee E
(Last) (First) (Middle)

Date of birth 10 19 74
(Month) (Day) (Year)

Place of birth Cincinnati, Ohio
(City, County, Ex. Village, Private or Parochial)

Date of leaving School
if not graduated

SEMESTER RATING ELEMENTARY GRADES (1-8)

NAME OF SCHOOL	Grade	Semester	School Year	NAME OF TEACHER	Study Habits	Conduct	Days Present	Days Absent	Times Tardy	Reading	Writing	Spelling	Arithmetic	Language or Gram.	Geography	History or Civics	Physiology	Health and Phys. Ed.	Music	Art	Bible	Social St.	Phys. Ed.	Science	Special Interest or Aptitude of Child	
CB	1		80-81	Mrs. Moore		C	180	0	4	B	D+		B	C				B	B	B-	B-	B-	B+	B-		
CB	2		81-82	Mrs. Singleton		C	179	1	2	C	A	B	C	B				C	C	C	C	C	C			
CB	3		82-83	Miss Rudolph		C	176	4	0	C	C	B	C	B				B	B	B	A	B	C	C		
CB	4		83-84	Mrs. Byrd		C	183 1/2	1 1/2	0	C	C	C	F	F				-	P	P	P	P	P	P		retained

Grading System Is as Follows: A (Exceptional) 100-93 B (Above Average) 92-85 C (Average) 84-75 D (Below Average) 74-70 F (Failing) Below 69

EDUCATIONAL TEST DATA

School	Grade	Date	Name of Test	Form	Score	Standing	%	G.E.
CB	1	4/81	Metropolitan	JS	See folder			
"	2	4/82	"	"	"			
CB	3	4/83	"	See folder				
CB	4	4/84	"	JS	See folder			

CC 0320